



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

July 20, 2010

Approved
8/17/2010

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Kathy Watt, <i>Co-Chair</i>	Pamela Chiang	Jane Nachazel
Douglas Frye	Michael Green	Miguel Fernandez	Glenda Pinney
Thelma James	Anna Long	Aaron Fox	Craig Vincent-Jones
Bradley Land		Jenny O'Malley	
Ted Liso		Scott Singer	
Abad Lopez		Jason Wise	HIV EPI AND OAPP STAFF
Quentin O'Brien			
Tonya Washington-Hendricks			Juhua Wu

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- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 7/20/2010
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 6/22/2010
- 3) **Spreadsheet:** Grant Year 20 Ryan White Part A & Single Allocation Model (SAM) Care Expenditures by Service Categories as of July 1, 2010, 7/16/2010
- 4) **Summary Key:** Ryan White Part A and B Expenditures by Service Categories, 6/17/2010
- 5) **Memorandum:** Fiscal Year 2011 Priority-and Allocation-Setting Directives, 8/8/2010
- 6) **Table:** Priorities and Planning (P and P) Committee FY 2010 Work Plan, 7/20/2010
- 7) **Outline:** Los Angeles Commission on HIV, Comprehensive Training Program, Committee Handbook #4, Priorities and Planning (P&P) Committee, 7/20/2010
- 8) **Table:** Nutrition Support Study and Needs Assessment, 10/14/2009 (*updated 3/23/2010*)

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:55 pm. Attendees identified their conflicts of interests.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 6/22/2010 Priorities and Planning (P&P) Committee Meeting minutes, as presented (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:**
 - Julie Cross, previously Benefits Consultant, is no longer contracted by the Commission, so Mr. Vincent-Jones did not follow-up with her on how to address financial burdens posed by increased costs to Medi-Medi PWH. He has, however, seen written internal communications stating Ryan White can fund co-pays for Medicaid. Mr. Goodman noted other States are doing so.
 - Mr. Fox added advocates were pushing for CareHIPP to help consumers enter high risk pools.

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- Mr. Goodman asked about Benefits Specialty status. Ms. Wu said the evaluation process was done and a concept paper being developed. It includes third-party central registration.
- ➡ The Office of AIDS Programs and Policy (OAPP) will provide a Benefits Specialty progress update.

7. **CO-CHAIRS' REPORT:** There was no report.

8. **FY 2009/2010 EXPENDITURES:** This item was postponed.

9. **FY 2010 EXPENDITURES:**

A. **Review of New Format:**

- Mr. Vincent-Jones presented the expenditures table revised with OAPP for clarity. Last year was particularly complex due to changes in State funding from Part A to the Single Allocation Model (SAM).
- Page 1 includes Ryan White Part A and Part B/SAM percentages, allocations and expenditures plus the full-year estimate and variance.
- Page 2 repeats the percentages and allocations for comparison to other funding sources: Minority AIDS Initiative, followed by a column totaling Ryan White allocations; columns for other contracted funding for Net County Cost (NCC), State and CDC; and columns for total funding and all funding committed.
- He noted figures cannot be exact because there are different funding cycles for Ryan White, CDC, NCC, SAM and other State funding. Further, NCC funds are used to address over-and underspending, especially toward the end of the year.
- Mr. Vincent-Jones said OAPP usually begins expenditure reports by June or July, but FY 2010 reports are not yet available. Ms. Wu noted some contracting issues with allocation shifts, e.g., for Case Management, Home-based.
- ➡ Page 2 corrections: Column 3, change color to gray; Column 9, change "(Columns 4 & 9)" to "(Columns 4 & 8)."
- ➡ Michael Green will present on NCC expenditures at the next Commission meeting.

B. **Underspending Policy:**

- Mr. Goodman noted the Commission has traditionally used an underspending policy to guide OAPP. It has not been used in the last couple of years because it was linked to the old Continuum of Care, and is, thus, no longer relevant.
- In addition, the new system has not yet stabilized. Providers have also reduced underspending in recent years so the need for an ongoing underspending policy has lessened.

MOTION #3 (Goodman/Liso): Do not establish an underspending policy for FY 2011, in order to allow the economic climate to stabilize, but end-of-the year expenditures may necessitate underspending reallocations. The motion does not rule out a general underspending policy in the future (*Passed by Consensus*).

C. **Standards of Care and Costs:**

- Mr. Goodman noted previous discussions on the cost of adhering to minimum expectations outlined in the Standards of Care. Mr. Land felt a better understanding of unit costs would help P&P allocate funds for services. To the degree it is reliable (because most contracts are cost reimbursable), unit cost data is in the SUNAR.
- Mr. Pérez had raised the issue especially as it pertained to Medical Outpatient as the SOC Committee had not yet incorporated changes to the Public Health Services (PHS) guidelines, which ultimately reduced costs. That issue has since been resolved.
- Mr. Vincent-Jones noted there was also some confusion over whether the standards reflect minimum expectations. That understanding has since been clarified in the affirmative. He added standards are largely developed by a mix of providers, consumers and administrators, and generally reflect current practice.
- Ms. Washington-Hendricks said providers have lost staff since the original standards were developed. She felt that the economic circumstances should be considered. Mr. Vincent-Jones responded that while the economic realities of delivering services must be considered, it cannot be the only driver. In tough economic times, he noted, standards often call upon us to determine if we want to serve more people with a lower quality service, or fewer with better quality, and what level of quality is acceptable to the community, consumers and before it starts negatively impacting outcomes.
- Mr. Land has heard many provider complaints that funding is too low to support consumer access. He is also interested in what other streams of funding providers receive and how such resources affect services.
- Mr. O'Brien said establishing minimum unit cost is complex and often not cost-effective.
- ➡ Agreed to use directive process to ask the SOC Committee to begin looking at the costs and feasibility of services that are outlined in the standards.

10. **FY 2011 PRIORITY- AND ALLOCATION-SETTING:**

A. **Directives:**

- Mr. Goodman presented a draft of potential directives for review that were developed from earlier discussions.
- Mr. Land said the first drafted directive to OAPP to emphasize support groups over individual Mental Health, Psychotherapy did not address his concern about loss of continuity of care in the summer as interns leave.
- Mr. O'Brien noted interns work for hours, not pay, so questioned oversight. Mr. Singer suggested a recommendation to SOC to consider continuity of care as a minimum expectation, e.g., through identifying a strategy to achieve it. He added there is an inherent value in using interns as the work trains new clinicians and introduces them to the environment.
- Mr. O'Brien noted providers always must balance access needs of new consumers with the acuity of existing clients.
- Mr. Liso said groups can help transition consumers to lower levels of care and provide information on available services.
- Mr. Goodman noted the second draft directive to identify new Skilled Nursing Facilities (SNFs) and other funding, such as Proposition 63. Ms. O'Malley felt the key SNF issue was not just access, but access to appropriate placements.
- Mr. Goodman said there is just one Ryan White-funded SNF, but its funding is underexpended. Ms. Wu noted Mr. Vega-Matos is already working on SNF issues. Some aspects of the response will be reflected in the Residential Services RFP.
- Mr. O'Brien clarified that Proposition 63 (Mental Health Services Act) was intended to amplify services, especially in prevention, with strict guidelines. State mental health budget cuts, however, have harmed the overall availability of funding.
- On the third drafted directive, Ms. Wu said OAPP reports per HRSA definitions which, since 2006, distinguish core and support services. HRSA and Commission definitions for Substance Abuse, Treatment and Residential need to be aligned.
- The fifth drafted directive pertains to cost of standards in respect to non-Ryan White-funded aspects of service provision.
- Mr. Liso felt more Outreach funding is needed especially for African-American and Latino populations. Mr. Vincent-Jones noted that has already been addressed in the outreach component of Medical Care Coordination, Early Intervention Services and other service standards. P&P has also committed to the Commission that the separate Outreach service category would be funded in FY 2012.
- Mr. O'Brien preferred a directive to OAPP to research what is effective in bringing people into care. Mr. Fernandez added Health Care Reform will increase testing, so the need will likely shift to bringing those identified into care.
- Mr. Vincent-Jones said the Outreach standard focuses more on populations such as unmet need and those not in the Ryan White system than on specific methods. Directives can be added to FY 2012 allocations to target populations if needed.
- Mr. Land asked how public awareness might be linked to Outreach. Mr. Vincent-Jones said the HIV/LA Research Directory is the primary vehicle for public awareness. He recommended more research prior to identifying approaches.
- Dr. Frye felt Benefits Specialty should include potentially helpful data collection on contacts made and needs evidenced by contacts. Mr. Fernandez reported data collection is in the RFP, and that it hinges on a separate data management RFP to be released in the future.
- Ms. Washington-Hendricks asked how standards impact contracts. Mr. Vincent-Jones replied standards are minimum expectations. Contracts reference standards and must be consistent with them though OAPP can add requirements if it chooses. The Standards of Care Development and Oversight Policy/Procedure details how the Commission and OAPP would reconcile any notable differences.
- He added that standards outline what constitutes a unit. Unit cost is a procurement issue under the purview of OAPP. The Commission is entitled to know what rates are and to use them in making allocations.
- Ms. Washington-Hendricks asked if standards are adjusted when funding is reduced, e.g., to compensate for fewer staff. Mr. Vincent-Jones said the SOC Committee considers service feasibility of standards, e.g., it may explicitly accept fewer served if reducing quality would result in ineffective services. He added Ryan White is never the sole funding source.
- Mr. Vincent-Jones replied to Mr. Singer that Quality Assurance is addressed with service description review.
- All service categories in the Continuum of Care are prioritized. Most have standards with service definitions for others. While not all are funded by Ryan White, they are considered important to the Continuum and may be funded in future.
- Mr. Goodman reported Health Insurance Premium/Cost-Sharing implementation was delayed due, in part, to State activity that may lead to changes in CARE/HIPP.
- ➡ Refer to JPP Committee for review of the Proposition 63 community planning process and consider any legal issues resulting from the restriction of Proposition 63 funds for only new programs (replaces fourth drafted directive.)
- ➡ Request OAPP report back on work to develop SNF services.

MOTION #3 (Land/Frye): Guidance strongly encouraging OAPP and the SOC Committee to explore the impact of seasonal internships on Mental Health, Psychotherapy service delivery and report their findings and recommendations back to the Commission (*Passed by Consensus*).

MOTION #4: (O'Brien/Frye): Expectation that OAPP will take the necessary steps to ensure that there are more providers with the capacity and the sensitivity to address the needs of HIV+ patients in skilled nursing and hospice facilities and that in

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the next round of solicitations/RFPs, it finds ways to include and expand the pool of hospice and skilled nursing providers (*Passed by Consensus*).

MOTION #5: Recommendation for the SOC Committee to review and revise, as necessary, the Substance Abuse, Treatment and Residential Standards of Care to align them with HRSA's definition of Substance Abuse services (*Passed by Consensus*).

MOTION #6: Recommendation for the SOC Committee to review the costs of services mandated by the standards, the feasibility of providing those services with only Ryan White funds—especially in light of budget cuts, and the effective use of other resources to supplement Ryan White-funded services (*Passed by Consensus*).

MOTION #7 (Frye/Liso): Expectation that OAPP will research best strategies for bringing people living with HIV/AIDS into care and report back on the findings. Expectation the P&P Committee will allocate to a new Outreach service category in the FY 2012 priority- and allocation-setting process and will examine the most important outreach needs in preparation for that allocation (*Passed by Consensus*).

MOTION #8 (Goodman/Liso): Expectation that OAPP will report back to the P&P Committee on Benefits Specialty data collection, including what benefits clients are seeking and what benefits clients are receiving (*Passed by Consensus*).

MOTION #9 (Goodman/Land): Extend meeting 15 minutes (*Passed by Consensus*).

MOTION #10 (O'Brien/Frye): Recommendation for the SOC Committee to conduct an overall assessment of service categories to determine if any should be eliminated or consolidated (*Passed by Consensus*).

B. **Allocation Appeals:** There were no appeals.

C. **Evaluation of Process:** This item was postponed.

11. **NUTRITION SUPPORT STUDY:** Mr. Vincent-Jones provided the Nutrition Support Study and Assessment outline updated 3/23/2010. It is incorporated in the Work Plan with a completion target date of February 2011.

12. **PROCUREMENT/SOLICITATION PROCESS REFORM:** This item was postponed.

13. **ADVERSITY SECTORS:** This item was postponed.

14. **GEOGRAPHIC ESTIMATE OF NEED FORMULA:** This item was postponed.

15. **HOSPICE SERVICES NEEDS ASSESSMENT:** This item was postponed.

16. **MEDICAL TRANSPORTATION UTILIZATION:** This item was postponed.

17. **ORAL HEALTH CARE:** This item was postponed.

18. **SERVICE PLANNING AREA 1:** This item was postponed.

19. **MONITORING GOALS/OBJECTIVES:** This item was postponed.

20. **COMMITTEE WORK PLAN:**

- Mr. Vincent-Jones presented a draft of the Committee's FY 2010 work plan, and noted that the Executive Committee has instructed all committees to complete their work plans in preparation for the August Commission meeting. The Committee agreed he would work with Co-Chairs Goodman and Kathy Watt to revise/update it.
- Mr. Land asked how the change to the County contracting process is reflected in the Plan. Mr. Vincent-Jones said the Executive Committee considered the situation and chose to maintain the current P-and-A schedule starting in November.
- Committee members will send comments on this year's draft Plan and the P&P Committee component of the Commission on HIV Comprehensive Training Program to Mr. Vincent-Jones or Ms. Pinney within the next seven days to be incorporated.

21. **OTHER STREAMS OF FUNDING:** This item was postponed.

22. **STANDING SUBCOMMITTEES:** This item was postponed.

23. **NEXT STEPS:** There was no additional discussion.

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24. **ANNOUNCEMENTS:** There were no announcements.

25. **ADJOURNMENT:** The meeting was adjourned at 4:50 pm. The P&P Committee will evaluate the FY 2011 priority- and allocation setting process at its next meeting. The tentative 7/27/2010 P&P meeting was cancelled since the Committee has completed a majority of its priority- and allocation-setting work and the process evaluation can wait a month. The regular monthly August meeting was cancelled due to a conflict with HRSA's All Grantees meeting in Washington DC. If an August meeting is necessary for any reason, it will be held on 8/31/10.